

Mississippi Limited Partnership  
Certificate of Dissolution or Cancellation



The undersigned general partner(s) or limited partner(s), pursuant to the provisions of Section 79-14-203 of the Mississippi Code of 1972, as amended, hereby executes the following certificate of Dissolution or Cancellation and sets forth:

1. Name of the Limited Partnership

[Empty text box for Name of the Limited Partnership]

2. Federal Tax ID

[Empty text box for Federal Tax ID]

3. The reason for filing the certificate of  dissolution  cancellation is  
(Complete and mark appropriate box)

[Empty text box for reason]

4. The future effective date of  dissolution  cancellation is

[Empty text box for future effective date]

5. Any other information the General Partner(s) determines

[Empty text box for other information]

[Empty text box for other information]

[Empty text box for other information]

Mississippi Limited Partnership  
Certificate of Dissolution or Cancellation



General Partner 1

By: Signature

(Please keep writing within blocks)

Printed Name

Title

General Partner 2

By: Signature

(Please keep writing within blocks)

Printed Name

Title